2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000009863

1. Entity Name
SDB, INC.

Principal Place of Business	Mailing Address
8 BAYOU DRIVE FORT WALTON BEACH, FL 32547	8 BAYOU DRIVE FORT WALTON BEACH, FL 32547

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3169553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, LAWRENCE P
8 BAYOU DR
FORT WALTON BEACH, FL 32547

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001752D8
01/10/05 00012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DAVIS, JOSEPH JR
STREET ADDRESS	33 BAYSHORE DR
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	SDS
NAME	BUSH, LAWRENCE P
STREET ADDRESS	8 BAYOU DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	TDS
NAME	KELLER, ROBERT
STREET ADDRESS	1459 OAKMONT
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VPDS
NAME	GREENLEES, GENE
STREET ADDRESS	150 ALLEN LOOP DRIVE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LP Bush LAWRENCE P, BUSH, SECRETARY 1/6/05 850 863-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #